

Last Name and Initial

Social Security Number

## SCHEDULE II — CREDITS AGAINST TAX

		COLUMN A (For single, joint, separate or head of household)	COLUMN B (For spouse)	
92. Physician Credit for Rural Practice	(See instructions)			92.
93. College Contribution Tax Credit	Attach Form CC (See instructions)			93.
94. Credit for elderly care	Attach Form ECC			94.
95. Credit allowed residents for income taxes paid to other states or countries	From Schedule III			95.
96. Contractor's gross receipts tax credit	Attach computation			96.
97. Investment credit	From Schedule VI			97.
98. Credit for installation of Nonfossil/Biomass/ NEW Pellet/Geothermal energy systems	Attach Form ENRG-B			98.
99. Credit for investment in energy conservation installations	Attach Form ENRG-C			99.
100. Credit for wind-powered generation equipment	Attach Form 2WPC			100.
101. NEW Recycling Credit	Attach Form RCYL			101.
102. Montana Capital Company Credit	(See instructions)			102.
103. Dependent Care Assistance Credit	(Employer) Attach Form DCAC			103.
104. Health Insurance for Uninsured Montanans	(Employer) Attach Form HI			104.
105. All other credits	(Attach detailed explanation)			105.
106. Total credits—Enter here and on Form 2, line 44				106.

## SCHEDULE III — NONRESIDENT/PART YEAR RESIDENT ALLOCATION INCOME REPORTABLE TO MONTANA

Show only portions derived from Montana sources

		Yourselves Column A	Spouse Column B	
107. Wages, Salaries, Tips				107.
108. Interest Income				108.
109. Dividend Income				109.
110. Net Business Income				110.
111. Capital Gain or (Loss)				111.
112. Supplemental Gain or (Loss)				112.
113. Rents, Royalties, Partnerships, Etc.				113.
114. Net Farm Income				114.
115. Taxable portion of Social Security				115.
116. Taxable Pensions, Etc.				116.
117. Other Income (State Refund and/or Federal Refund, Etc.)				117.
118. Montana Total Income				118.

## SCHEDULE IV — NONRESIDENT/PART YEAR RESIDENT TAX COMPUTATION

		COLUMN A	COLUMN B	
119. Montana Total Income from Line 118 above				119.
120. Enter Federal Income from line 18, plus amounts on lines 21 and 22, Form 2				120.
121. Divide amount on line 119 by amount on line 120		%	%	121.
122. Amount from line 39, Form 2 (taxable income)				122.
123. Calculate tax on amount on line 122 using tax table on Form 2, page 2				123.
124. Nonresident tax: Multiply percentage on line 121 by amount on line 123 and enter result on line 40, Form 2, this is the amount of your tax				124.

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## SCHEDULE I — ITEMIZED DEDUCTIONS

		COLUMN A (For single, joint, separate or head of household)	COLUMN B (For spouse)
Medical and Dental Expenses	68. Prescription medicines, drugs, insulin, doctors, dentists, hospitals, ins. prems., transportation, lodging, hearing aids, dentures, eyeglasses . . . . .	68.	
	69. Enter 7.5% (.075) of line 35, Form 2 . . . . .	69.	
	70. Subtract line 69 from line 68 . . . . .	70.	
	Enter amount(s) from line 70 on line 71 in corresponding column(s)		
	<b>TOTAL MEDICAL AND DENTAL ▶</b>	71.	
Taxes You Paid	72. Long Term Care Insurance . . . . .	72.	
	<b>Federal Income Tax</b> (Do not include self-employment tax)		
	73. Paid by withholding or declaration in 1992 . . . . .	73.	
	74. Balance of 1991 tax paid in 1992 . . . . .	74.	
	75. Additional tax for years . . . . . paid in 1992 . . . . .	75.	
	<b>Other taxes</b> (Do not include Montana income tax or sales tax).		
	76. Real estate, personal property taxes . . . . .	76.	
77. Motor vehicle(s) fees/taxes, other deductible taxes . . . . .	77.		
	<b>NOTE: Personal interest is no longer deductible</b>		
Interest You Paid	78. Home mortgage interest . . . . . Deductible Points . . . . .	78.	
	79. Deductible Investment Interest . . . . . <b>Attach Federal Form 4952</b>	79.	
	80. Contributions . . . . .	80.	
Other	81. Child and Dependent Care Expense—Montana Form 2441M (Federal schedule not accepted) . . . . .	81.	
	82. Casualty and Theft Losses . (Less exclusion— <b>Attach Federal Form 4684</b> )	82.	
	83. Moving Expense . . . . . ( <b>Attach Federal Form 3903</b> )	83.	
Miscellaneous Deductions	84. Unreimbursed business expenses (Attach 2106)	84.	
	85. Other expenses (List type & amount) . . . . .	85.	
	86. Add lines 84 and 85 . . . . .	86.	
	87. Enter 2% (.02) of line 36, Form 2 . . . . .	87.	
	88. Subtract line 87 from 86 enter balance in corresponding column(s) (If less than zero enter zero.) . . . . .	88.	
89. Misc. deduction not subject to 2% A.G.I. (list type, & amount) . . . . .	89.		
Total Deductions	90. Add lines 71-83, 88 and 89 . . . . . <b>TOTAL DEDUCTIONS ▶</b>	90.	
	If the amount on Form 2, line 35, is less than \$105,250 if filing joint, single or head of household, or is less than \$52,625 if you are married filing separately, enter the amount from line 90, on Form 2, line 36.		
	91. <b>ALLOWABLE DEDUCTIONS</b> . . . . . ▶	91.	
If the amount on Form 2, line 35, is more than \$105,250 if filing joint or single, or is more than \$52,625 if you are married filing separately, see page 9 of the instructions for the amount to enter on line 91.			

FOLD ON LINE AND REMOVE